Labor Organization Officer and Employee Report



U.S. Department







This report is mandatory under P.L. 86-257, as amended. Fallure criminal prosecution, fines and civil penalties as provided by 29 to		, W -	OMB No. 1214-0001 12/31/86
Name and address of person filing	2. Name and address of la	bor organization	
Terence O'Sullivan 905 16th Street, NW Washington, DC 20006	Laborers International North America 906 16th Street, NW Washington, DC 2000	906 16th Street, NW 815 16th Street, NW	
Position in labor organization A. Date fiscal		5. File number (if	
General President; VP, Executive Council Mbr. Dece	ember 31, 2001	U0=E 10	37 1719
Enter appropriate data below if, during the past fiscal year, you of terests (except as specified in the exclusions set forth in the ins		rectly or indirectly	had any of the following in-
 Held an interest in, engaged in transactions (including loans) employer whose employees your organization represents or 	with, or derived income or other is actively seeking to represent.	er economic benefit	of monetary value from an
6. Name of Employer	Address of Employer		
7. Nature of Interest, Transaction or Income			
B. Held an interest in or derived income or economic benefit with n from, selling or leasing to, or otherwise dealing with the business seeking to represent, or (2) any part of which consists of buying forganization or with a trust in which your labor organization is interest.	s of an employer whose employee rom or selling or leasing directly o	s your labor organiza	ation represents or is actively
8. Name of business	Address of business	: 1	
ULLICO Inc. and The Union Labor Life Insurance Co	mpany, 111 Massachusetts	Avenue, N.W., V	Vashington, D.C. 20001
9. Business deals with—	10. If 9B or 9C is checked	give trust or employe	r's name
☐ A. Labor Organization ☐ B. Trust ☐ C. Employ	yer		
11. Nature and approximate dollar value of such dealings Laborers International Union of North America has insura premiums. Affiliated locals and various Funds, in which as a member of the Executive Council of the AFL-CIO, which \$3,372,386.02 in premiums was paid for coverage in which they have an interest have pension plan contract. Nature of interest held or income received Director's Fees and Fees for attending Director.	they have an interest, also ca is insured under group policies ge of all eligible employees of the trists with Union Labor Life to white	rry polices with Uns issued to the AFL the AFL-CIO. Affilia	ion Labor Life. Mr. O'Sullivan L-CIO by Union Labor Life, for ated locals and various Funds
C. Received from any employer (other than an employer covered any payment of money or other thing of value	I under parts A and B above) or fr	om any labor relation	is consultant to an employer
13. Name and address of employer or consultant	14. Nature of payment		
	26		ė v
IF MORE SPACE IS NEED	DED ATTACH ADDITIONAL SH	EETS	5
 Signature and verification—The undersigned declares, under the attachments incorporated therein or referred to in this report correct and complete. 			
Signed: Jewer m. O Sull at h/ASH.	INGTON	DC	m 4-1-02
olyneu. at 1/1/2/1.	, reque	State	Date